

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30454
7793
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Memorial Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo., 18 days.
(Specify whether
In this community. 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri. (b) County. St. Louis
(c) City or town. Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2311 Hood Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DORIS COOPER SMITH BENNING.

3. (b) If veteran, name war. None 3. (c) Social Security No. 494-09-6778

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. William C. Benning. 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased November 28, 1900.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 10 0 hr. min.

9. Birthplace. Des Arc, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation. Dress Finisher.

11. Industry or business. Judy-Lee Dress Co.

12. Name. John W. Cooper.

13. Birthplace. Michigan.
(City, town, or county) (State or foreign country)

14. Maiden name. Victoria Weimrich.

15. Birthplace. Michigan.
(City, town, or county) (State or foreign country)

16. (a) Informant. Mr. William C. Benning.

(b) Address. 2311 Hood Ave.

17. (a) Removal (b) Date thereof 9-30-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Des Arc, Missouri.

18. (a) Signature of funeral director. Geo. L. Pleitsch Inc.
(b) Address. 5966-68 Easton Ave.

19. (a) SEP 29 1941 (b) J. Biedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28th.
year 1941 hour 11 minut 30 A.M.

21. I hereby certify that I attended the deceased from 2-28-41 19... to 9-28-41 19...
that I last saw h. er. alive on 9-28-41 19...
and that death occurred on the date and hour stated above.

Immediate cause of death. General carcinomatosis

Due to Probable primary site in Cervix

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. A.S.A.
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Specify type of injury)
23. Signature [Signature] (Other) M. D. [Signature]
Address 4930 Lindell, St. Louis Date signed 9-28-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

David C. Gibson

; Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Canton St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.